

Artrip, Steve (DEQ)

From: Artrip, Steve (DEQ)
Sent: Wednesday, September 07, 2011 10:11 AM
To: 'Ramsey, Gerald'
Subject: RE: 2011 VPDES Renewal Application - VA0066907

Thanks Gerald. I will include this email as part of the application. I see no need to resubmit the application. Steve

From: Ramsey, Gerald [<mailto:GeraldRamsey@consolenergy.com>]
Sent: Wednesday, September 07, 2011 10:06 AM
To: Artrip, Steve (DEQ)
Subject: RE: 2011 VPDES Renewal Application - VA0066907

Steve,
Your coordinates are correct. The coordinates I provided appear to be for the VP6 STP that was located on Right Fork but they are the ones I used for last renewal. Do you want to me to correct and send you an amended application?
Gerald

From: Artrip, Steve (DEQ) [<mailto:Steve.Artrip@deq.virginia.gov>]
Sent: Wednesday, September 07, 2011 8:59 AM
To: Ramsey, Gerald
Subject: RE: 2011 VPDES Renewal Application - VA0066907

Gerald:

The coordinates you provided 37 10 00 82 00 52 for the discharge from Buchanan Mine STP plot out on Right Fork of Garden Creek. Our records indicate coordinates of 37 09 35 81 58 55 on Garden Creek. Looking at the aerial photos both locations show mining facilities. Please check these coordinates and let me know what you think. Thanks, Steve

From: Ramsey, Gerald [<mailto:GeraldRamsey@consolenergy.com>]
Sent: Tuesday, September 06, 2011 3:02 PM
To: Artrip, Steve (DEQ)
Subject: RE: 2011 VPDES Renewal Application - VA0066907

Thanks. If you need anything from me just let me know. Gerald

From: Artrip, Steve (DEQ) [<mailto:Steve.Artrip@deq.virginia.gov>]
Sent: Tuesday, September 06, 2011 3:01 PM
To: Ramsey, Gerald
Subject: RE: 2011 VPDES Renewal Application - VA0066907

Thanks Gerald: The timing is fine... thanks for the submittal. I will review the application and coordinate the application with the other agencies. Have a good day! Steve

From: Ramsey, Gerald [<mailto:GeraldRamsey@consolenergy.com>]
Sent: Tuesday, September 06, 2011 1:30 PM
To: Artrip, Steve (DEQ)
Subject: 2011 VPDES Renewal Application - VA0066907

Hi Steve,

Attached for your review and consideration for approval is the 2011 VPDES Renewal Application for PN VA0066907, Consolidation Coal Company, Buchanan Mine STP. Since September 4, 2011, the application due date was on Sunday and September 5, 2011 was a Holiday I trust today's submittal will be considered timely. If you need additional information please contact me.

With best regards,

Gerald

Gerald F. Ramsey

Manager Permitting CAPP

CONSOL Energy Inc

10545 Riverside Drive

Oakwood, VA 24631

Phone: (276) 498-8215

Fax: (276) 498-8218

Cell: (276) 971-7793

Email: geraldramsey@consolenergy.com

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Artrip, Steve (DEQ)

From: Ramsey, Gerald [GeraldRamsey@consolenergy.com]
Sent: Tuesday, September 06, 2011 1:30 PM
To: Artrip, Steve (DEQ)
Subject: 2011 VPDES Renewal Application - VA0066907
Attachments: 2011 Renewal Application - VA0066907.pdf

Received

SEP 06 2011

DEQ-SWRO

Hi Steve,

Attached for your review and consideration for approval is the 2011 VPDES Renewal Application for PN VA0066907, Consolidation Coal Company, Buchanan Mine STP. Since September 4, 2011, the application due date was on Sunday and September 5, 2011 was a Holiday I trust today's submittal will be considered timely. If you need additional information please contact me.

With best regards,
Gerald

Gerald F. Ramsey

Manager Permitting CAPP
CONSOL Energy Inc
10545 Riverside Drive
Oakwood, VA 24631
Phone: (276) 498-8215
Fax: (276) 498-8218
Cell: (276) 971-7793
Email: geraldramsey@consolenergy.com

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Received

SEP 06 2011

Form Approved 1/14/99
OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

Consolidation Coal Company, Buchanan Mine STP, PN VA0066907

DEQ-SWRO

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Consolidation Coal Company, Buchanan MineMailing Address PO Drawer 1
Oakwood, VA 24631Contact person Gerald F. RamseyTitle Manager of PermittingTelephone number (276) 498-8215Facility Address 4086 Page Dr.
(not P.O. Box) Oakwood, VA 24631

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VPDES VA0066907

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Buchanan Mine</u>	<u>150</u>	<u>Separate</u>	<u>Consolidation Coal Co.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 150

FACILITY NAME AND PERMIT NUMBER:

Consolidation Coal Company, Buchanan Mine STP, PN VA0066907

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.020
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.0075</u>	<u>0.0075</u>	<u>0.0075</u> mgd
c. Maximum daily flow rate	<u>0.0075</u>	<u>0.0075</u>	<u>0.0075</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer _____ %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent One
ii. Discharges of untreated or partially treated effluent _____
iii. Combined sewer overflow points _____
iv. Constructed emergency overflows (prior to the headworks) _____
v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) 0.00 mgdIs discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☒ Yes ☐ No

FACILITY NAME AND PERMIT NUMBER:

Consolidation Coal Company, Buchanan Mine STP, PN VA0066907

Form Approved 1/14/99
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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Truck mounted watertight tank

If transport is by a party other than the applicant, provide:

Transporter name: S.E.P.T.I.C. Inc.Mailing Address: Rt. 2 Box 177
Haysi, VA 24256Contact person: Natasha R. YatesTitle: SecretaryTelephone number: (276) 597-7354

For each treatment works that receives this discharge, provide the following:

Name: Veolia WaterMailing Address: Rt. 1, Box 15
Haysi, VA 24256

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge.

NA

Provide the average daily flow rate from the treatment works into the receiving facility.

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

 Yes✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Consolidation Coal Company, Buchanan Mine STP, PN VA0066907

Form Approved 1/14/99
OMB Number 2040-0086**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Oakwood 24631
(City or town, if applicable) (Zip Code)
Buchanan VA
(County) (State)
37 10 00 82 00 52 81 58 55
(Latitude) (Longitude)
- c. Distance from shore (if applicable) NA ft.
- d. Depth below surface (if applicable) NA ft.
- e. Average daily flow rate 0.0075 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? Yes ☒ No

222 9/7/2011
See Attached Memo/
Email

A.10. Description of Receiving Waters.

- a. Name of receiving water Garden Creek
- b. Name of watershed (if known) Levisa Fork River
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Tennessee - Big Sandy
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Consolidation Coal Company, Buchanan Mine STP, PN VA0066907

 Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary

☒ Secondary

☐ Advanced

☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

 Design BOD₅ removal or Design CBOD₅ removal 85 %

 Design SS removal 85 %

Design P removal _____ %

Design N removal _____ %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

 Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.0	s.u.			
pH (Maximum)	8.0	s.u.			
Flow Rate	0.0075	mgd	0.0075	mgd	
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	11.2	mg/l	11.2	mg/l	5	SM5210-B	5.0
	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		14.6	mg/l	14.6	mg/l	5	SM2540-D	1.0

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

REQUEST FOR WAIVERS

VPDES PERMIT NO. VA0066907

Waivers are requested as follows:

1. Temperature (Summer and Winter). Since temperature is not measured and recorded as a part on the VPDES monitoring, I request a waiver be granted exempting the applicant from the temperature-reporting requirement.
2. Fecal Coliform. Since fecal coliform is not a VPDES monitoring requirement, I request a waiver be granted exempting the applicant from fecal coliform reporting.
3. Composite Sampling. Since all sampling is by the grab method, I request a waiver be granted exempting the applicant from the composite sampling requirement.

FACILITY NAME AND PERMIT NUMBER:

Consolidation Coal Company, Buchanan Mine STP, PN VA0066907

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Gerald F. Ramsey, Manager of Permitting, Attorney-in-Fact

Signature

Gerald F. Ramsey

Telephone number (276) 498-8215

Date signed

9-6-11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

POWER OF ATTORNEY

CONSOLIDATION COAL COMPANY, a Delaware corporation, having its principal office at CNX Center, 1000 CONSOL Energy Drive, Canonsburg, Pennsylvania 15317 ("Company"), does hereby constitute and appoint, as its true and lawful attorney-in fact with the authority specifically set forth herein Gerald F. Ramsey.


The Attorney hereunder shall have the authority to sign and execute on behalf of the Company any and all mining permit applications, and revisions, CSMO Permit Applications, NPDES Discharge Monitoring Reports, and related documents and instruments which may be necessary or expedient in, or incident to, the conduct of the ordinary business of the Company.

The authority of said Attorney hereunder shall commence on October 14, 2008 and shall remain in full force and effect thereafter until terminated in writing.

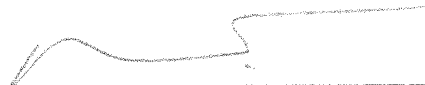
IN WITNESS WHEREOF, the Company has caused this Power of Attorney to be executed by its duly authorized corporate officer this 14th day of October, 2008.

CONSOLIDATION COAL COMPANY

ATTEST



Its: Secretary
Alexander J. Reyes

By: 

Its: Vice President
Robert P. King

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF WASHINGTON :

Sworn and subscribed to before me a Notary Public this 14th day of October, 2008.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Suzanne M. Burt, Notary Public
Scott Twp., Allegheny County
My Commission Expires June 20, 2012
Member, Pennsylvania Association of Notaries



SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

Received

SEP 06 2011

DEQ-SWRO

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Consolidation Coal Company, Buchanan Mine STP

VPDES PERMIT No. VA0066907

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Consolidation Coal Company, Buchanan Mine Bathhouse STP
- b. Contact person: Gerald F. Ramsey
Title: Manager of Permitting
Phone: (276) 498-8215
- c. Mailing address: Drawer L
Street or P.O. Box: 10545 Riverside Dr.
City or Town: Oakwood State: VA Zip: 24631
- d. Facility location:
Street or Route #: 4086 Page Dr.
County: Buchanan
City or Town: Oakwood State: VA Zip: 24631
- e. Is this facility a Class I sludge management facility? Yes X No
- f. Facility design flow rate: 0.020 mgd
- g. Total population served: 150
- h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name:
- b. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- c. Contact person:
Title:
Phone: () _____
- d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☐ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0066907
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____
NA

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes X No If yes, describe:

FACILITY NAME: Consolidation Coal Company, Buchanan Mine STP **VPDES PERMIT No.** VA0066907

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: S.E.P.T.I.C. Inc.
Mailing address:
Street or P.O. Box: Rt. 2 Box 177
City or Town: Haysi State: VA Zip: 24256
Phone: 276-597-7354
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
Virginia Permit #
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. No Data Available

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- ☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

FACILITY NAME: Consolidation Coal Company, Buchanan Mine STP **VPDES PERMIT No.** VA0066907

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Gerald F. Ramsey, Manager of Permitting

Signature Gerald F. Ramsey Date Signed: 9-6-11

Telephone number: 276-498-8215

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Consolidation Coal Company, Buchanan Mine STP VPDES PERMIT No. VA0066907
SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: < 1 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name:
 - b. Contact Person:
Title:
Phone ()
 - c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address:
(not P.O. Box)
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
 Class A Class B X Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
 Option 1 (Minimum 38 percent reduction in volatile solids)
 Option 2 (Anaerobic process, with bench-scale demonstration)
 Option 3 (Aerobic process, with bench-scale demonstration)
 Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 Option 5 (Aerobic processes plus raised temperature)
 Option 6 (Raise pH to 12 and retain at 11.5)
 Option 7 (75 percent solids with no unstabilized solids)
 Option 8 (90 percent solids with unstabilized solids)
 X None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
_____ dry metric tons
 - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
 Yes No

FACILITY NAME: Consolidation Coal Company, Buchanan Mine STP VPDES PERMIT No. VA0066907

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: Veolia Water
- b. Facility contact: Stratton Mullins
Title: Operator
Phone: (276) 865-0171
- c. Mailing address: Veolia Water
Street or P.O. Box: Rt 1, Box 15
City or Town: Haysi State: VA Zip: 24256
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: < 1 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
Permit Number: _____ Type of Permit: _____
NA

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? Yes No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
Class A Class B Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? Yes No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
Option 2 (Anaerobic process, with bench-scale demonstration)
Option 3 (Aerobic process, with bench-scale demonstration)
Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
Option 5 (Aerobic processes plus raised temperature)
Option 6 (Raise pH to 12 and retain at 11.5)
Option 7 (75 percent solids with no unstabilized solids)
Option 8 (90 percent solids with unstabilized solids)
None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
Yes X No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

FACILITY NAME: Consolidation Coal Company, Buchanan Mine STP VPDES PERMIT No. VA0066907

- j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes X No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? X Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.
Route 624 North – Route 460 West - Route 83 South to Haysi

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: dry metric tons
- b. Do you identify all land application sites in Section C of this application? Yes No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? Yes No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
Yes No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: Site Owner Site operator
- e. Mailing address.
Street or P.O. Box:
City or Town: State: Zip:
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: Type of Permit:

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
☐ Yes ☐ No
 If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number: _____
- d. Contact person: _____
 Title: _____
 Phone: () _____
 Contact is: ☐ Incinerator Owner ☐ Incinerator Operator
- e. Mailing address.
 Street or P.O. Box: _____
 City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: _____
- b. Contact person: _____
 Title: _____
 Phone: () _____
 Contact is: ☐ Landfill Owner ☐ Landfill Operator
- c. Mailing address.
 Street or P.O. Box: _____
 City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
 Street or Route #: _____
 County: _____
 City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
☐ Yes ☐ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ☐ Yes ☐ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ☐ Yes ☐ No
 Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

FACILITYNAME: Consolidation Coal Co., Buchanan Mine STP

VPDES PERMIT No. VA0066907

ATTACHMENT
ADDITIONAL INFORMATION REQUIRED
VIRGINIA DEPARTMENT OF HEALTH
SHIPMENT OFF-SITE
OF SEWAGE SLUDGE FOR TREATMENT OR FINAL DISPOSAL

Pump and Haul VPDES Section B.6.

Complete this section if the sewage sludge is not stabilized at the subject facility and is transported to another sewage treatment works for further treatment and final disposal.

Will the liquid sludge be hauled for further treatment and stabilization in a truck-mounted watertight tank normally used for such purposes?

---X--- Yes ----- No

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and times of the day liquid sludge will be transported:

Provide a letter of acceptance from the owner of the receiving facility.

Letters of Acceptance attached.

Haul Route: Route 632 North (Buchanan County) to Route 624 to Route 460 West to Route 83 South to Haysi, VA

Landfill Codisposal VPDES Section B.10.

Complete this section if the sewage sludge is transported to a municipal solid waste landfill via public roads.

Will the vehicle bed or other container used to haul dewatered sludge or compost to the landfill be watertight and covered?

----- Yes ----- No

Show the haul route(s) on a map or briefly describe the route below and indicate the days of the week and times of the day dewatered sludge will be transported.

Provide a letter of acceptance from the owner of the receiving facility.

S.E.P.T.I.C., INC.
RT. 2, BOX 177
HAYSI, VA 24256
(276) 597-7354 OR (276) 597-7195
TOLL FREE: 1-877-311-1103
FAX: (276) 597-2140 OR (276) 597-7354

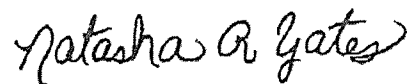
FEDERAL ID NO. : 05-0572601

CONSOL, Inc.
Attn: Gerald

Dear Gerald,

At your request, I am writing to provide you with the information you need from our company, S.E.P.T.I.C., Inc. Listed above is our mailing address along with our telephone/fax number and Federal Identification Number. The health department also has issued our pumping trucks with a permit number of 125-001. Enclosed you will find a copy of our sewage handling permit and a letter from the dumping facility where the sewer is transported and dumped. Should you have any questions, or I can be of further assistance, feel free to contact me at the number listed above.

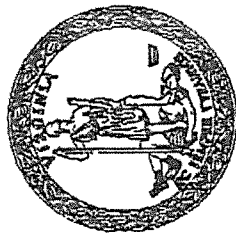
Sincerely,



Natasha R. Yates, Secretary
S.E.P.T.I.C., Inc.

Enclosures

No. 125-001



PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

Sewage Handling

THIS PERMIT
EXPIRES ON
12-31-04

DATE OF ISSUE
01-01-04

OPERATOR:
ADDRESS:

S.E.P.T.I.C. INC.
Rt. 2 Box 177
Haysi, VA 24256

Concerns or Questions call: 276-926-4979
Service Areas: Dickenson, Buchanan, Russell, Tazewell, Wise
Sewage to be disposed of at the Dickenson, Tazewell, and County-PSA.

*The above operator has made application and in accordance with the
regulations of the Board of Health of the Commonwealth of Virginia is
authorized by the Dickenson County
to operate a Sewage Handling.*

Matthew P. Dwyer
HEALTH OFFICIAL

VEOLIA WATER
Operator: Stratton Mullins
Rt 1, Box 15
Haysi, VA 24256
(276) 865-0171

To Whom It May Concern:

At the request of Michael G. Yates, S.E.P.T.I.C., Inc., I am writing a letter to inform you that S.E.P.T.I.C., Inc. Does have permission from Veolia Water to dump at our facility. Should you have any questions, feel free to contact me at the number listed above.

Sincerely,

Stratton mullins

Stratton Mullins, Operator
VEOLIA WATER